## INCOMPLETE MAINTENANCE REPORT

Page 1 of 1

## Dep. Travis Blankenship

From: Day, Carol [Carol.Day@dhss.mo.gov]
Sent: Thursday, January 21, 2010 8:54 AM

To: tblankenship@franklinmo.net

Subject: INCOMPLETE MAINTENANCE REPORT

Travis, the maintenance report 950072 dated 01/05/10 that was faxed over did not have the evidence tickets or a copy of your permit. Can you fax those over to me please?

Thank you.

Carol Day

Breath Alcohol Program
Department of Health & Senior Services
2875 James Blvd.
Poplar Bluff, Missouri 63901
email: Carol.Day@dhss.mo.gov
phone: 573 840-9734

pnone: 573 840-973 fax: 573 840-9139

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CMSU 2208-02

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Operator Signature

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